

EXPRESS MAIL NO.: EV 329560115 US DATE OF DEPOSIT: FEBRUARY 6, 2004

PTO/SB/13/PCT (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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REQUEST FOR FILING A CONTINUATION OR DIVISION OF AN INTERNATIONAL APPLICATION

DOCKET NUMBER	ANTICIPATION CLASSIFICATION OF THIS APPLICATION		PRIOR APPLICATION EXAMINER	ART UNIT
2809-1-001	CLASS	SUBCLASS		

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a request for filing a ☒ continuation ☐ divisional application under 37 CFR 1.53(b) of pending prior international application Number PCT ES01/00317, filed on Aug. 8, 2001 entitled INJECTABLES IN FOAM. NEW PHARMACEUTICAL APPLICATIONS which designated the United States.

Note: 37 CFR 1.53(d) cannot be used to file a continuation or divisional application of an international application which has not entered the national stage.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c))		16 - 20 =	0	x \$ ----- =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))		1 - 3 =	0	x \$ ----- =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				x \$ ----- =	
				BASIC FEE (37 CFR 1.16(a))	
				Total of above Calculations =	
				Reduction by 50% for filing small entity (Note 37 CFR 1.27).	
				Total =	

1. Enclosed are the specification, claims and drawing(s).

2. ☐ Applicant claims small entity status. See 37 CFR 1.27.

3. ☐ The Director is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment of Deposit Account No. 11-1153. A duplicate copy of this sheet is enclosed.

4. ☐ A check in the amount of \$ _____ is enclosed.

5. ☐ Payment by credit card. Form PTO-2038 is attached.

6. ☐ Application Data Sheet is enclosed. See 37 CFR 1.76.

7. ☐ Amend the specification by inserting before the first line the sentence: "This application is a ☐ continuation ☐ division of international application number PCT _____, filed _____ (status, abandoned, pending, etc.)."

[Page 1 of 2]

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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8. ☒ A declaration under CFR 1.63 is enclosed. UNEXECUTED

9. ☐ Priority of foreign application number _____, filed on _____
in _____ is claimed under 35 U.S.C. 119(a)-(d).

☐ The certified copy is enclosed.

10. ☐ A preliminary amendment is enclosed.

11. ☐ Also enclosed: _____

Address all future correspondence to: (May only be completed by applicant, or attorney or agent or record).

KLAUBER & JACKSON

411 Hackensack Avenue, 4th Floor, Hackensack, NJ 07601

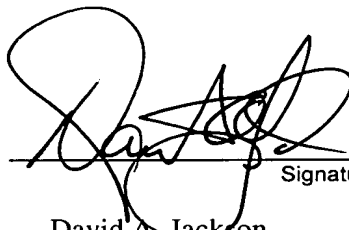
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 6, 2004

Date

(201)487-5800

Telephone Number



Signature

David A. Jackson

Typed or printed name

26,742

Registration Number, if applicable

☐ Inventor(s)/Applicant(s)

☐ Assignee of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or agent of record

☐ Filed under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a) _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.